

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth <small>- -</small>	Plan Type <small>(Check One)</small>
Social Security Number <small>- -</small>		Retirement Number	<input type="checkbox"/> School
Address		City State Zip	
Home Phone	Work Phone	Employer	

**Non-Contributing School Member Form**

*This form should be received by the Retirement Office whenever there is an interruption in retirement contributions.*

If the interruption arises from a "termination of employment," Neb. Rev. Stat. 79-902(38), the Retirement Office must receive this form after the termination. (Termination of employment means the date on which the employer determines that the employee has had a bona fide separation from employment with the employer. If the employee subsequently provides "compensated service on a regular basis in any capacity for any school district" that participates in the Nebraska School Employees Retirement System within 180 days of this date, no termination is deemed to have occurred.)

Please answer the following questions regarding the member's employment with you: (Please note, to determine a member's eligibility for retirement benefits, we may require further documentation.)

The reason for not contributing:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Resigned</b>   | <input type="checkbox"/> <b>Disability</b>      | <input type="checkbox"/> <b>Family Medical</b>   |
| <input type="checkbox"/> <b>Military</b>   | <input type="checkbox"/> <b>Deceased Member</b> | <input type="checkbox"/> <b>Leave of Absence</b> |
| <input type="checkbox"/> <b>Transfer to another Nebraska entity/school</b> _____ |   |  |
| <input type="checkbox"/> <b>Other</b> (explain) _____                            |   |  |

- Will the member be on an approved leave of absence? ☐ Yes ☐ No
- If yes to question 1, when will the leave of absence end? \_\_\_\_\_  
Is the approved leave of absence ☐ paid ☐ unpaid?
- If no to question 1, when was the member's termination date? \_\_\_\_\_
- The date of final pay that retirement deductions were withheld was/will be \_\_\_\_\_

**SCHOOLS ONLY**

- The member's final contributions were/will be reported on the monthly report for the month of \_\_\_\_\_ and year of \_\_\_\_\_
- The member's final hours were/will be reported on the monthly report for the month of \_\_\_\_\_ and year of \_\_\_\_\_

This is to certify that the above information is correct to the best of my knowledge.

Signature of Authorized Reporting Agent \_\_\_\_\_

Typed or printed name of signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

BAR CODE